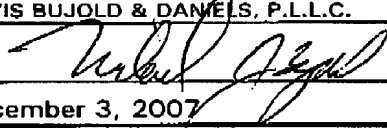
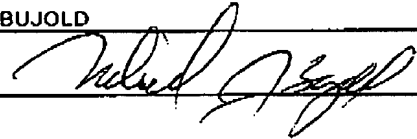


<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/523,454
	Filing Date	with an effective filing date of July 28, 2006
	First Named Inventor	Augustinus BADER
	Group Art Unit	1651
	Examiner Name	Allison M. FORD Fax: (571) 273-8300
Total No. of Pages in this Submission: 10	Attorney Docket Number	HEUBEN P03AUS (Formerly LORWER P33AUS)
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached - Check \$ <input checked="" type="checkbox"/> Response ..... [8] <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
REMARKS		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	Michael J. BUJOLD DAVIS BUJOLD & DANIELS, P.L.L.C. <div style="text-align: right;">Reg. No. 32,018 CUSTOMER NO. 020210</div>	
Signature		
Date	December 3, 2007	
CERTIFICATE OF TRANSMISSION		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO on December 3, 2007.		
Type or printed name	Michael J. BUJOLD	
Signature	 <div style="text-align: right;">Date: December 3, 2007 (nay)</div>	

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2006

■ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$105 (Charge to Dep. Acct. No. 04-0213)

Complete if Known

Application No.  
Filing Date  
First Named Inventor  
Examiner Name  
Art Unit

10/523,454  
with an effective filing date of  
July 28, 2003  
Augustinus BADER  
Allison M. FORD  
1651

Attorney Docket No.

HEUBEN P03AUS (Formerly  
LORWER P33AUS)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

■ Deposit Account

Deposit Account Number 04-0213

Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

■ Charge fee(s) indicated below

☐ Charge fee(s) indicated below except for the filing fee

■ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

■ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims -20 or HP = Extra Claims x Fee (\$) = Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)

Indep. Claims 4 -3 or HP + Extra Claims 1 x Fee (\$) 105 = Fee Paid (\$) 105

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 = Extra Sheets / 50 = No. of each additional 50 or fraction thereof Fee (\$) = Fee Paid (\$)

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY

Signature



Telephone (603) 226-7490

Name  
(Print/Type)

Michael J. BUJOLD

Registration No.  
(Atty/Agent) 32,018

Date: December 3, 2007

12/04/2007 VBUI11 00000022 040213 10523454

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105.00 DA